

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 22 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000000761**

1. Corporation Name

S.M.T. (Eastern), Inc.

2. Principal Office Address

100 Midland Drive

Suite, Apt. #, etc.

City & State

Dieppe, New Brunswick

Zip

E1A 6X4

Country

Canada

3. Mailing Office Address

300 Union Street, P.O. Box 5777

Suite, Apt. #, etc.

City & State

Saint John, New Brunswick

Zip

E2L 4M3

Country

Canada

4. Date Incorporated or Qualified  
To Do Business in Florida

February 9, 1999

5. FEI Number

52-2144243

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Wicky Haldoten*

REGISTERED AGENT MUST SIGN

Date 2-20-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

See attachment

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Paul Alcott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

506 632-7777

Daytime Phone #

CR2E081 (9/00)

Attachment to State of Florida, Corporation Reinstatement for  
S.M.T. (Eastern), Inc.

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Names and addresses of officers:

Chairman and Chief Executive Officer	J.K. Irving 300 Union Street Saint John, New Brunswick E2L 4M3
Vice Chairman	A.L. Irving 10 Sydney Street Saint John, New Brunswick E2L 4K1
Vice Chairman	J.E. Irving 10 Sydney Street Saint John, New Brunswick E2L 4K1
President	R. K. Irving 100 Midland Drive Dieppe, New Brunswick E1A 6X4
Secretary	W. D. Jamieson 300 Union Street Saint John, New Brunswick E2L 4M3
Treasurer	W. C. MacLean 300 Union Street Saint John, New Brunswick E2L 4M3
Assistant Secretary	Bruce A. Drost 300 Union Street Saint John, New Brunswick E2L 4M3